would have to be amended. The role of the UGC would be re-defined to focus on the disbursement of grants to, and maintenance of, public institutions in higher education. The entry regulatory functions of the AICTE, the MCI and the BCI would be performed by the IRAHE, so that their role would be limited to that of professional associations. These professional associations could conduct nationwide examinations to provide licenses for those wishing to enter the profession.

Eleventh Five-Year Plan

†2737. SHRILALITKISHORE CHATURVEDI: Will the PRIME MINISTER be pleased to state:

(a) whether Eleventh Five-Year Plan has been finalized;

(b) if so, main features of the above plan;

(c) the details of targets set and expenditure incurred on main infrastructure development activities; and

(d) the comparative difference between tenth and Eleventh Five-Year Plan?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING (SHRI V. NARAYANASAMY): (a) and (b) The National Development Council met on 19th December, 2007 and approved the draft Eleventh Five Year Plan (2007-12). The broad vision of the Eleventh Plan includes several inter related components: rapid growth that reduces poverty and creates employment opportunities, increases access to essential services in health and education especially for the poor and disadvantaged, enhances equality of opportunity, empowers through education and skill development and promotes environmental sustainability.

(c) and (d) The Eleventh Plan has set monitorable targets, *inter alia,* for education, health and infrastructure sectors. The detailed sectoral allocation in Tenth and Eleventh Plan are as under:

Sectoral allocation : Tenth Plan and Eleventh Plan

(Rs. Crore at 2006-07 prices)

		Tenth Plan		Eleventh Plan	
SI. No.	Sectors	BE#	%to Total	Projected' Allocation	%to Total
1	2	3	4	5	6
1	Education	62,461	7.68	2,74,228	19.29
2	Rural Development, Land resources and Panchayati Raj	87,041	10.70	1,90,330	13.39
3	Health FW and Ayush	45,771	5.62	1,23,900	8.71
4	Agriculture and irrigation	50,639	6.22	1,21,556	8.55
5	Social Justice	36,381	4.47	90,273	6.35
6	Physical Infrastructure	89,021	10.94	1,28,160	9.01
7	Scientific Departments	29,823	3.66	66,580	4.68
8	Eneigy	47,266*	5.81	57,409	4.04

† Original notice of the question was received in Hindi.

1	2	3	4	5	6
9	Total Priority Sector	4,48,403	55.10	1,052,436	74.03
	Others	3,65,375	44.90	3,69,275	25.97
	TOTAL:	8,13,778	100.00	14,21.711	100.00

#Tenth Plan BE represents the actual allocation during the five years and not the original Tenth Plan projects.
* Incudes APDRP grand component only.

Cost of services by private players

2738. SHRI MOINUL HASSAN: Will the PRIME MINISTER be pleased to state:

(a) whether Government is aware that high cost of services offered by private players in education and health excludes the poor from availing these facilities and thus they depend on the services being provided by Government institutions; and

(b) if so, the reason for Government not enhancing public investment in education and health?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING (SHRI V. NARAYANASAMY) (a) The Eleventh Five year Plan Document mentions that "schools under private management (unaided) have been expanding at a faster rate, however, a vast majority of the poor particularly in rural areas is solely dependent on government schools". The above Document also mentions that "expansion, inclusion and rapid improvement in quality throughout higher and technical education system by enhancing public spending, encouraging private initiatives.... will form the core of the Eleventh Plan effort, our long term goal must be to set India as a nation in which all those who aspire to good quality higher education can access it, irrespective of their paying capacity".

In the context of Health Sector, according to NSSO (60th round), the average expenditure for hospitalized treatment from a public hospital in rural areas was less than half that of private hospital and about one-third in urban areas.

As per NSSO data, the proportion of rural population availing hospitalized treatment in government hospitals declined from 59.7% in 1986-87 (42nd round) to 41.7% in 2004 (60th round). The share declined from 60.3% to 38.2% in urban areas during the corresponding period.

(b) The Government proposes to raise public spending on education to 6% of GDP in due course. For accelerating public expenditure, the Central Budget 2004 introduced a cess of 2% on major central taxes/duties for elementary education and Budget 2007 a cess of 1% for secondary and higher education. In the Eleventh Plan, Central Government has envisaged an outlay of about Rs. 2.37 lakh crore (at 2006-07 prices) for education. This is more than a four fold increase over the Tenth Plan allocation of Rs. 0.54 lakh crore at 2006-07 prices. The share of education in the total Plan outlay will correspondingly increase from 7.7% in the Tenth Plan to 19.4% in the Eleventh Plan. This reflects the higher priority-being given to the education sector.

Similarly, outlay for the Department of Health and Family Welfare in the Eleventh Five Year Plan (2007-12) has been increased to Rs. 1,36,147.00 crore from Rs. 36,378 crore in the Tenth Plan (at current prices). This enhanced outlay is about four times the initial outlay in the Tenth Plan. Rs. 90,103 crore of the total allocation is for National Rural Health Mission, which seeks to provide equitable, accessible and affordable healthcare services to the-people, especially the poor in rural areas.